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Amend

JUN 01 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: CLEAR SUL SOICH ZIC.
DOCUMENT NUMBER: +1200079935
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Clear Sky Solar Inc- Firm/Company 6231 Fector Drive Address Sacusonville, fl 31244 City/ State and Zip Code Clear Sky Solar of Jahoo Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Leona Gillin at 904 (19-6787 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Dayting Pelephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status
Maiting Address Amendment Section Street Address Amendment Section

Division of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment

to cles of Incorporation

•	Articles of the	orporation		
Clone Sux	Salo	TOC	•	
(Name of Ed	rporation as currentl	y filed with the Florida De	pt. of State)	,
D120000	00130		/	
FIGUUT	(Document Number of	f Corporation (if known)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
•	•	• • •		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of	f the corporation:			
				The new
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "	Co". A professional corpo		
B. Enter new principal office address, if ap-		· · · · · · · · · · · · · · · · · · ·	A	·
(Principal office address MUST BE A STRE)	TADDRESS)	~ 11	4	
C. Enter new mailing address, if applicable				The state of the s
(Mailing address MAY BE A POST OFF)	<u>(CE BOX</u>)			
•				
				ر ،
				چ. ہے
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addr	ess in Florida, enter the na	ame of the	
new registered agent and/or the new reg	Michea Olike Muulesi	•		· 47
Name of New Registered Agent			-	_
	(Florida str	eet address)		
New Registered Office Address:			, Florida	
		(Člty)	(Žlp	Code)
•				•
Non-Booksond Associate Classical Colonia				
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			ons of the position.	
		• • • • • • • • • • • • • • • • • • • •		
	A. 257 "			_
	Signature of New R	legistered Agent, if changing	?	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Vince L Barnes	12470 Hatton Chase
X Add			lane west
Remove			Joannille, FL 32258
2) Change	工	Leona C Gillim	6231 Fector Dr.
∠ Add			<u>Jacksonville</u>
Remove			fl , 32244
3) Change			And the state of t
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			 _
Remove			
6) Change			
Add			
Remove			

Samending or adding additional Art Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	:	
	NA		
	·		
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i an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	nange, reclassification, or indment if not contained i	cancellation of issued s n the amendment itself:	hares,
	NA		

		•	
			, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date rtment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 5 2	7/2016	
Signature	.(
	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court is fiduciary by that fiduciary)	
	Sonathon Gillim	
	(Typed or printed name of person signing)	
_	President	
	(Title of person cioning)	